U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2342

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

7 / 1 / 2003 Through: 6 / 30 / 2004

Name and address of person filing.		4. Name, file number, and address of labor organization.				
Name Andy S	chwartz	Name	Construction	& General L	aborers' U	nion 1329
		Labor (Organization File Nun	nber 603	461	
O. Box, Bldg., Room No., if any	Box 863	P.O. B	ox, Building and Room	m Number, if any	P.O. Box 6	363
treet		Street	1800 N. Steph	enson Ave.		
Iron Mountain		City	Iron Mountain			
tate Michigan	ZIP Code + 4 49801-0863	State	Michigan		ZIP Code + 4	49801-0863
Position in labor organization.	ive Board Member					
Enter appropriate data below If, during	the past fiscal year, you or your spo (except as specified in the exclu				f the following in	nterests
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Name of F	Person Filin	g AND	Y SC	CHWA	RTZ

File Number **U**- 2342

B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered	12.b. Amount.
or from any labor relations consultant to an employer any payment of me 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.